



## APPLICATION FOR PUBLIC FIREWORKS PERMIT

OFFICE OF THE WV STATE FIRE MARSHAL  
DEPARTMENT OF PUBLIC SAFETY

(304) 558 – 2191 Ext.219

(304) 558 – 2537 Fax

[www.wvfiremarshal.org](http://www.wvfiremarshal.org)

### MAIL CHECKS AND APPLICATIONS TO:

Office of the State Fire Marshal  
1207 Quarrier St, 2<sup>nd</sup> Floor  
Charleston, WV 25301

### APPLICANT INFO:

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Contact Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_

### EVENT DETAILS

Sponsor Name: \_\_\_\_\_  
Address of Display: \_\_\_\_\_ County: \_\_\_\_\_  
Property Owner's Name: \_\_\_\_\_ Owner Permission obtained: ☐ YES ☐ NO  
Display Date: \_\_\_\_\_ Rain Date: \_\_\_\_\_  
Time of Display: \_\_\_\_\_ Duration of Display: \_\_\_\_\_ Site Arrival Time: \_\_\_\_\_

### FIREWORKS:

Pyrotechnic Operator's Name: \_\_\_\_\_ WV License #: \_\_\_\_\_  
Assistant Operator's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Experience: ☐ YES ☐ NO  
Fireworks Wholesaler's Name: \_\_\_\_\_ ATF License #: \_\_\_\_\_  
Total Cost of Fireworks: \$ \_\_\_\_\_ (attach copy of invoice) Delivery Date: \_\_\_\_\_  
Kind / Size / Quantity of Fireworks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Storage Type: \_\_\_\_\_ Location: \_\_\_\_\_

COMPLETE A DETAILED MAP OF THE DISPLAY SITE INDICATING THE FOLLOWING:

- 1. Fall-Out area: Minimum fall-out area shall be the required separation distance based on the table of distances as required in NFPA 1123.
- 2. Discharge Site: The area where the fireworks are ignited. Include all dimensions of the discharge site.
- 3. Display Site: The immediate area where the display is conducted and shall include the discharge site, the fall-out area and the required separation distance from the fireworks discharge site to the spectator viewing areas.
- 4. Distances: From the outside measurement of the discharge site to spectators, overhead obstructions, buildings, highways, parking areas. Show distances in feet.

N

If display site is in or around a publicly accessible water way, please get coast guard approval prior to submitting the application to the State Fire Marshal.

**AUTHORIZING DISPLAY SITE SIGNATURES ( to be obtained by applicant ) :**

Area Fire Department: _____	
Fire Chief's Name (printed): _____	Chief's Signature: _____
Chief's Phone Number: _____	Site Inspection Conducted: _____ YES _____ NO
Fire Official's Comments / Restrictions / Concerns regarding the proposed display: _____	
_____	
_____	

Police Department: _____	Phone Number: _____
Chief's Name (printed): _____	Chief's Signature: _____
Police Official's Comments / Restrictions / Concerns regarding the proposed display: _____	
_____	
_____	

**REQUIRED SUBMITTALS FOR FIREWORKS DISPLAY PERMITS:**

County Sheriff's Office: _____	
Sheriff's Name (printed): _____	Signature: _____
Sheriff's Comments / Restrictions / Concerns regarding the proposed display: _____	
_____	
_____	

- ◇ Permit Fee totaling one percent of the total fireworks cost (minimum \$ 25.00)
- ◇ Complete fireworks display permit application
- ◇ Copy of the liability insurance for a minimum of \$ 500,000.00
- ◇ Copy of the invoice from the fireworks supplier
- ◇ Copy of Coast Guard approval if applicable.
- ◇ Copy of pyrotechnic license for operator

**APPLICANT:**

I fully understand and accept full financial responsibility to satisfy claims for damages to property or personal injuries arising out of any act of omission on the part of the applicant or any agent or employee thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Fire Marshal Authorizing the Permit: _____	Signature: _____
Application Approved: _____ YES _____ NO	Date: _____
Comments / Restrictions: FD RESTRICTIONS SHALL APPLY	